### TYPE OF SERVICE

| 20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Place:   | .n "X" in the box(es) next to all that apply.                                   |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| a. Fixed Satellite c. Radiodetermination Satellite e. Direct to Home Fixed Satellite   |   |  |  |  |  |  |  |  |  |
| b. Mobile Satellite d. Earth Exploration Satellite f. Digital Audio Radio Service g  | Other (please specify)  |  |  |  |  |  |  |  |  |
| 21. STATUS: Place an "X" in the box next to the applicable status. Mark only one box.  | If earth station applicant, place an "X" in the box(es) next to all that apply. |  |  |  |  |  |  |  |  |
| a. Common Carrier b. Non-Common Carrier  | a. Using U.S. licensed satellites b. Using Non-U.S. licensed satellites         |  |  |  |  |  |  |  |  |
| 23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filing   | . Mark only one box. Are these facilities:                                      |  |  |  |  |  |  |  |  |
| a. Connected to the Public Switched Network b. Not connected to the Public Switched Network  |   |  |  |  |  |  |  |  |  |
| 24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).   |   |  |  |  |  |  |  |  |  |
| a. C-Band (4/6 GHz)  |   |  |  |  |  |  |  |  |  |
| X b. Ku-Band (12/14 GHz) C. Other (Please specify)   |   |  |  |  |  |  |  |  |  |
| TYPE OF ST.  | ATION   |  |  |  |  |  |  |  |  |
| 25. CLASS OF STATION: Place an "X" in the box next to the class of station that applies. Mark only one box.  |   |  |  |  |  |  |  |  |  |
| X a. Fixed Earth Station b. Temporary-Fixed Earth Station c. 12/14 GHz VSAT Network  | d. Mobile Earth Station   |  |  |  |  |  |  |  |  |
| If space station applicant, go to Question 27.   | (Specify)   |  |  |  |  |  |  |  |  |
| 26. TYPE OF EARTH STATION FACILITY Mark only one box.  |   |  |  |  |  |  |  |  |  |
| X a. Transmit/Receive  |   |  |  |  |  |  |  |  |  |
| <u> </u>   |   |  |  |  |  |  |  |  |  |
| PURPOSE OF MODIFICATI  | ON OR AMENDMENT   |  |  |  |  |  |  |  |  |
| 27. The purpose of this proposed modification or amendment is to: Place an "X" in the box(es) next to all that apply.  |   |  |  |  |  |  |  |  |  |
| a - authorization to add new emission designator and relate  | 1 service   |  |  |  |  |  |  |  |  |
| b – authorization to change emission designator and related  | service   |  |  |  |  |  |  |  |  |
| c - authorization to increase EIRP and EIRP density  |   |  |  |  |  |  |  |  |  |
| d – authorization to replace antenna   |   |  |  |  |  |  |  |  |  |
| e authorization to add antenna   |   |  |  |  |  |  |  |  |  |
| f - authorization to relocate fixed station g - authorization to change assigned frequency(ies)  |   |  |  |  |  |  |  |  |  |
| h - authorization to change assigned nequency(ics)   | s & countries)  |  |  |  |  |  |  |  |  |
| i – authorization to change Points of Communication (satel   | ·   |  |  |  |  |  |  |  |  |
| j - authorization for facilities for which environmental asse  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |
| ENVIRONMENT  |   |  |  |  |  |  |  |  |  |
| 28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.13  |   |  |  |  |  |  |  |  |  |
| A Radiation Hazard Study must accompany all applications as an exhibit for new transmitting facilities, major modification   | •   |  |  |  |  |  |  |  |  |
| THE RESIDENCE AND ASSESSMENT OF THE PROPERTY O | SCC 210 M ' F D   |  |  |  |  |  |  |  |  |

#### **ALIEN OWNERSHIP**

|     |  | <del></del> |                 |  |  |  |  |  |  |  |  |
|-----|--|-------------|-----------------|--|--|--|--|--|--|--|--|
| 29. | Is the applicant a foreign government or the representative of any foreign government?   | ☐ YES       | ĭ NO            |  |  |  |  |  |  |  |  |
| 30. | Is the applicant an alien or the representative of an alien?   | ☐ YES       | ĭ NO            |  |  |  |  |  |  |  |  |
| 31. | Is the applicant a corporation organized under the laws of any foreign government?   | ☐ YES       | ĭ NO            |  |  |  |  |  |  |  |  |
| 32. | Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?  | ☐ YES       | ⊠ NO            |  |  |  |  |  |  |  |  |
|     | thereof or by any corporation organized under the laws of a foreign country?   | ☐ YES       | NO NO           |  |  |  |  |  |  |  |  |
| 34. | If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit, the identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.  |             |                 |  |  |  |  |  |  |  |  |
|     | BASIC QUALIFICATIONS   |             |                 |  |  |  |  |  |  |  |  |
| 35. | Does the applicant request any waivers or exemptions from any of the Commission's Rules?  If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.  | ☐ YES       | <sup>™</sup> NO |  |  |  |  |  |  |  |  |
| 36. | Has the applicant or any party to this application had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explanation of the circumstances.  | ☐ YES       | ĭ NO            |  |  |  |  |  |  |  |  |
| 37. | . Has the applicant, or any party to this application, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explanation of the circumstances.   | ☐ YES       | ĭ NO            |  |  |  |  |  |  |  |  |
| 38. | . Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of the circumstances. | ☐ YES       | ™ NO            |  |  |  |  |  |  |  |  |
| 39. | . Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the proceeding two items? If Yes, attach as an exhibit, an explanation of the circumstances.  | ☐ YES       | ĭ NO            |  |  |  |  |  |  |  |  |
| 40. | . If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, addresses, and citizenship of those stockholders owning of record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiducia control, indicate the beneficiary (ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.   |             |                 |  |  |  |  |  |  |  |  |
| 41. | . By checking Yes, the undersigned certifies, that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.           | ĭ YES       | □ NO            |  |  |  |  |  |  |  |  |
|     | a. Does the applicant intend to use a non-U.S. licensed satellite to provide service in the United States?  If yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. § 25.137, as appropriate.  If no, proceed to question 43.  | ☐ YES       | ⊠ NO            |  |  |  |  |  |  |  |  |
| 42  | b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station?   |             |                 |  |  |  |  |  |  |  |  |

|   | ummarize the nature of the application and the services to be provided).  FCC consent to transfer control of Earth St  | ation E950191   |  |
|---|--|---|--|
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|   |  |   |  |
|   |  |   |  |
| E A H LANE  |  |   |  |
| Exhibit No.   | Identify all exhibits that are attached to this application.  Description of Transaction/Real Parties in I   | nterest/Public Interes  | t Statement  |
|   | See Form 602 Ownership Report Tab A Behind Main Pl   | eading  | - Beacement  |
| · ·   |  |   |  |
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|   |  |   |  |
|   |  |   |  |
|   | CERTIFICATI  | ON  |  |
| previous use of t<br>application woul<br>are incorporated | vaives any claim to the use of any particular frequency or of the electromagnetic he same, whether by license or otherwise, and requests an authorization in according to the applicant to be in violation of the spectrum aggregation limit is therein as if set out in full in this application. The undersigned, individually an ed exhibits are true, complete and correct to the best of his or her knowledge a | ordance with this application. The app<br>n 47 CFR Part 20. All statements mad<br>nd for the applicant, hereby certifies th | licant certifies that grant of this e in exhibits are a material part hereof and |
| 44. Applicant is a  | (an): (Place an "X" in the box next to applicable response.)   |   |  |
| a. Individual   | b. Unincorporated Association c. Partnership d. Corporation  |   | Other Please specify)  |
| 45. Typed Name of Pers                                    | on Signing   | 46. Title of Person Signing   |  |
| David P. G  | amble  | Vice President, Ext   |  |
| 47. Signature   | I P March  |   | DEC 1 0 1999   |
|   | L FALSE STATEMENTS MADE ON THIS FORM ARE PUN   |   |  |
|   | e, Title 18, Section 1001), AND/OR REVOCATION OF ANY   |   | (U.S. Code, Title 47,  |
| Section 31  | 2(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section  | n 503).   |  |

|  |  |   |  |   | FCC Use Only                                |              |                           |  |  |
|--|--|---|--|---|---|--------------|---------------------------|--|--|
| FC   | FEDERAL COMMUNICATIONS COMMISSION  FCC 312 - Schedule A  (Place an "X" in one of the blocks below) |   |  |   |   |              |                           |  |  |
| △ CONSENT TO TRANSFER OF CONTRO  |  |   | ŀ  |   |   |              |                           |  |  |
| OF RECEIVE ONLY REGISTRATION   | TROL [   |   | N OF ASSIGNMEN<br>ONLY REGISTRATI                                      |   |   |              | a one                     |  |  |
| Al. Name of Licensee or Registrant<br>Paging Network of Los Angeles  | , Inc.   |   |  |   | A2. Voice Telephone Number<br>(972)801-0304 |              |                           |  |  |
| A3. Mailing Street Address or P.O. Box 14911 Quorum Drive, Suite 600   |  |   |  |   | A4. Fax Telephone Number                    | ·            |                           |  |  |
| ATTENTION: Donna Comer, Licensin   | g Manager  | •   |  |   | (972)801-0330                               | )            | 1                         |  |  |
| AS. Gly Dallas   | A6. State / Country (if t  | <u> </u>  | 75240  |   |   |              |                           |  |  |
| A8. List Call Sign(s) of station(s) being assigned or transfered  E950191  |  | A'  | 9. No. of station(s)<br>listed   |   |   |              |                           |  |  |
| A10. Name of Transferor/Assignor (if different than licensee or regi-<br>Shareholders of Paging Networ   |  |   | A15. Name of Transfer<br>Shareholde                                    |   | Communications                              | s Group      | o, Inc.                   |  |  |
| All. Mailing Street Address or P.O. Box<br>14911 Quorum Drive, Suite 600   |  |   | A16. Mailing Street Ac<br>1800 West                                    |   | , Suite 250                                 |              |                           |  |  |
| A12. City Dallas TX  | late/Country   | A14. Zip Code<br>75240  | A17. City<br>Westboroug  | A17. City   A18. State/Coun   Westborough   MA                    |   |              | . Zip Code<br>. 581       |  |  |
| A20 If these facilities are licensed, is the transfered If Yes, attach as an exhibit, a statement (incluidentifies the nature and extent of control incluentity and any intermediate subsidiaries or paequity stock of those stockholders holding 10 | ding organizati<br>uding: (1) the r<br>rties; and (2) th   | onal diagrams where<br>name, address, citize<br>e names, addresses, | e appropriate) which<br>nship, and primary b<br>citizenship, and the p | fully and complete<br>usiness of the contr<br>percentages of voti | rolling But Se                              | E Form 6     |                           |  |  |
| A21. If these facilities are licensed, attach as an ex-  | nibit, a complet   | e statement setting f   | orth the facts which s   | show how the assig  | nment or transfer will se                   | rve the publ | lic interest.             |  |  |
| 1. The undersigned, individually and for licensee, complete and correct to the best of his/her knowled constitute the full agreement.  2. The undersigned represents that stock will not be  | ge and belief. T   | attached exhibits pe<br>he undersigned also                         | certifies that any con   | tracts or other inst  | ruments submitted herew                     | ith are com  | plete and                 |  |  |
| control or assignment of license will be completed within 30 days of consummation.   |  |   |  |   |   |              |                           |  |  |
| A22 Printed Name of Licensee (Must agree with A1)  David P. Gamble   | A23. Signature   | red A Gar   | loli   | Vice Pres   | d by Person Signing)<br>., External Aff     | airs         | DEC 1 0 199               |  |  |
| A26. Printed Name of License Transferor/Assignor (If different than licensee. Must agree with A10) David P. Gamble   | A27. Signature   |   | Ne   | A28. Title (Office Hell   | ld by Person Signing) ., External Aff       | airs         | A29. Date<br>DEC 1 0 1999 |  |  |
| A30. Printed Name of License Transferee/Assignee (Must agree with A15)   | A31. Signature   |   |  | A32. Title (Office He   | ld by Person Signing)                       |              | A33. Date<br>DEC 1 0 1999 |  |  |
| Paul H. Kuzia  |  | 20/8 Y  |  | Exec. VP.   | Tech & Req Aff                              | airs         |                           |  |  |

•

## ARCH COMMUNICATIONS GROUP, INC. APPLICATIONS

| TAB<br>NO. | SERVICE(S)         | LICENSEE                            | FORM | ULS OR<br>NON-ULS? |
|------------|--------------------|-------------------------------------|------|--------------------|
| 1          | GS                 | Arch Communications Enterprises LLC | 603  | NON-ULS            |
| 2          | IB/IG              | Arch Communications Enterprises LLC | 603  | NON-ULS            |
| 3          | GS                 | Arch Connecticut Valley, Inc.       | 603  | NON-ULS            |
| 4          | IB/IG              | Arch Connecticut Valley, Inc.       | 603  | NON-ULS            |
| 5          | YX                 | Arch Connecticut Valley, Inc.       | 603  | NON-ULS            |
| 6          | GS                 | Arch Paging, Inc.                   | 603  | NON-ULS            |
| 7          | IB/IG              | Arch Paging, Inc.                   | 603  | NON-ULS            |
| 8          | GS                 | MobileMedia License Co. L.L.C.      | 603  | NON-ULS            |
| 9          | IB/IG              | MobileMedia License Co. L.L.C.      | 603  | NON-ULS            |
| 10         | GS                 | Nationwide 929.8875 LLC             | 603  | NON-ULS            |
| 11         | CD, CF, CG,<br>OFS | Arch Communications Enterprises LLC | 603  | ULS                |
| 12         | CD, CF, OFS        | Arch Connecticut Valley, Inc.       | 603  | ULS                |
| 13         | CD, CF, OFS        | Arch Paging, Inc.                   | 603  | ULS                |
| 14         | CD, CF, CG,<br>CN  | MobileMedia License Co. L.L.C.      | 603  | ULS                |
| 15         | IB (PMRS)          | Arch Connecticut Valley, Inc.       | 703  | NON-ULS            |
| 16         | Earth Station      | Arch Paging, Inc.                   | 312  | NON-ULS            |
| 17         | Earth Station      | MobileMedia License Co. L.L.C.      | 312  | NON-ULS            |
| 18         | VSAT               | MobileMedia License Co. L.L.C.      | 312  | NON-ULS            |

FCC 603 Main Form

kchagnon@arch.com

## FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control

Approved by OMB 3060 - 0800 See instructions for public burden estimate

| 1) A                  | pplication Purpose (Select only one) ( ${ m TC}$  | :)          |             |               |                          |                   |                              |                            |                        |                               |                  |                |             |
|-----------------------|---|-------------|-------------|---------------|--------------------------|-------------------|------------------------------|----------------------------|------------------------|-------------------------------|------------------|----------------|-------------|
|                       | AA - Assignment of Authorization C - Transfer of Control WD - Withdra   |             | N           | T -  <br> X - | Required I<br>Request fo | Notificator Exter | tion (for Co<br>asion of Tin | nsummation<br>ne (to Consi | n of Assig<br>ummate A | nment or<br>ssignmen          | Trans<br>It or T | fer)<br>ransfe | સ)          |
| 2a)                   | If this request is for an Amendment or Withdrawal, on file with the FCC.  | enter the   | File Nun    | nber          | of the per               | nding ap          | oplication co                | urrently                   |                        | File Nur                      | nber:            |                | ···         |
| 2b)                   | File numbers of related pending applications curren   | tly on file | with the    | FCC           | : N/A                    |                   |                              |                            |                        |                               |                  |                |             |
| Туре                  | of Transaction  |             |             |               |                          |                   |                              |                            |                        |                               |                  |                |             |
| 3a)                   | Is this a pro forma assignment of authorization or tra  | ansfer of   | control?    |               |                          |                   |                              |                            |                        |                               | (N               | ) <u>Y</u> es  | <u>N</u> o  |
| 3b)                   | 3b) If the answer to Item 3a is 'yes', is this a notification of a <i>pro forma</i> transaction being filed under the Commission's forbearance procedures for telecommunications licenses?  ( )Yes No.  |             |             |               |                          |                   |                              |                            |                        |                               |                  | <u>N</u> o     |             |
| 4)                    | For assignments of authorization only, is this a partit   | ion and/o   | r disagg    | rega          | tion?                    |                   |                              |                            |                        |                               | (                | <u>)Y</u> es   | <u>N</u> o  |
| 5)                    | Does this filing request a waiver of the Commission'  | s rules?    |             |               |                          |                   |                              |                            |                        |                               | Y)               | ) <u>Y</u> es  | <u>N</u> o  |
| 6)                    | Are attachments being filed with this application?  |             |             |               |                          |                   |                              |                            |                        |                               | (Y               | ) <u>Y</u> es  | <u>N</u> o  |
| 7a)                   | a) Does the transaction that is the subject of this application also involve transfer or assignment of other wireless licenses held by the assignor/transferor or affiliates of the assignor/transferor (e.g., parents, subsidiaries, or commonly controlled entities) that are not included on this form and for which Commission approval is required?  (Y)Yes No |             |             |               |                          |                   |                              |                            |                        |                               |                  | <u>N</u> o     |             |
| 7b)                   | Does the transaction that is the subject of this applic<br>non-wireless licenses that are not included on this for  |             |             |               |                          |                   |                              | d?                         |                        |                               | (Y               | ) <u>Y</u> es  | <u>N</u> o  |
| Trans                 | action Information  |             |             |               |                          |                   |                              |                            |                        |                               |                  |                |             |
| 8)                    | How will the assignment of authorization or transfer  | of control  | be acco     | mpli          | shed? Sel                | ect One           | e: (S)                       |                            |                        |                               |                  |                |             |
|                       | Sale or other assignment or transfer of stock   |             | <u>C</u> 0  | urt C         | rder                     |                   |                              |                            |                        |                               |                  |                |             |
|                       | Other (voting trust agreement, management contract  | , etc.):    |             |               |                          |                   |                              |                            |                        | <del></del>                   |                  |                | <del></del> |
|                       | If required by applicable rule, attach as an exhibit a sagreements, instruments, certified copies of Court O  |             |             | conti         | ol is to be              | assign            | ed or trans                  | ferred, along              | g with cop             | ies of any                    | perti            | nent c         | ontracts,   |
| 9)                    | The assignment of authorization or transfer of control  | of licens   | se is:      |               |                          |                   |                              |                            |                        | ( <sup>V</sup> ) <u>V</u> olu | ntary            | Invo           | luntary     |
| Licen                 | see/Assignor Information  |             |             |               |                          |                   |                              |                            |                        |                               |                  |                |             |
| 10a)                  | Taxpayer Identification Number:   |             |             |               |                          |                   |                              | 10b) SG<br>LLC             | in:                    |                               |                  |                |             |
| 11)                   | First Name (if individual):   |             | N           | 11:           | Last Na                  | me:               |                              |                            |                        |                               |                  |                | Suffix:     |
|                       | Entity Name (if not an individual):<br>h Communications Enterpri  | ses,        | LLC         |               |                          |                   |                              |                            |                        |                               |                  |                |             |
|                       | Attention To:<br>berly Chagnon  | ·           |             |               |                          |                   |                              |                            |                        |                               |                  |                |             |
| 14)                   | P.O. Box:   | And<br>/Or  |             |               | Address:<br>Test         |                   | Driv                         | e, Su                      | ite 2                  | 50                            |                  |                |             |
| <sup>16)</sup><br>Wes | City.<br>tborough   | <del></del> | <del></del> |               | <del></del>              | 17)<br>MA         | State:                       |                            | 18) Zip<br>0158        |                               |                  |                |             |
|                       | Telephone Number:<br>8)870-6700   |             |             |               | 20) F/                   |                   | 8-1953                       | 3                          |                        |                               |                  |                |             |
| 211                   | F-Mail Address:   |             |             |               | L                        |                   |                              |                            |                        |                               |                  |                |             |

| Race:                                 | American Indian or Alaska<br>Native:                         |                                       | Black or Afric<br>American: | 1             | ative Hawaiiar<br>acific Islander |                | White:                 |                                       |             |
|---------------------------------------|--|---------------------------------------|-----------------------------|---------------|-----------------------------------|----------------|------------------------|---------------------------------------|-------------|
| Ethnicity:                            | Hispanic or Latino:  | Not Hispanic or<br>Latino:            |                             |               |                                   |                |                        |                                       |             |
| Gender:                               | Female:  | Male:                                 |                             |               |                                   |                |                        |                                       |             |
|                                       |  | f control only)                       |                             |               |                                   |                |                        |                                       |             |
|                                       | nformation (for transfers o<br>er Identification Number:     | of control only)                      |                             |               |                                   | 23b) SGI       | N                      |                                       | <del></del> |
| zoa, raxpayo                          | a identification (volitice).                                 |                                       |                             |               |                                   | 230) 331       | 14                     |                                       |             |
| 24) First Na                          | ame (if individual):   |                                       | 1                           | MI: Last N    | lame:                             |                |                        |                                       | Suffix:     |
|                                       |  |                                       |                             |               |                                   |                |                        |                                       |             |
| -                                     | lame (if other than individual):                             |                                       |                             |               |                                   |                |                        |                                       |             |
|                                       | olders of Arch C   | Communicati                           |                             |               |                                   | <del></del>    |                        |                                       |             |
| 26) P.O. Bo                           | X:   | And                                   | } '                         | eet Address:  |                                   |                |                        | <del></del> -                         |             |
|                                       | <del></del>  | /Or                                   | 1800                        | West          | Park Dri                          | ve, Suı        |                        |                                       |             |
| 28) City:                             | ماند<br>ماند   |                                       |                             |               | 29) State:                        |                | 30) Zip:               |                                       |             |
| Westbor                               |  | · · · · · · · · · · · · · · · · · · · |                             | 32) FA        | MA.                               | l              | 01581                  |                                       |             |
| •                                     | 70-6700  |                                       |                             | 1 '           | w:<br>.)898-195                   | າ              |                        |                                       |             |
| (308/8/<br>33) E-Mail A               |  |                                       |                             | (500          | 1020-122                          |                |                        |                                       |             |
| · · · · · · · · · · · · · · · · · · · |  |                                       |                             |               |                                   |                |                        |                                       |             |
|                                       |  |                                       |                             |               | <del></del>                       |                |                        |                                       |             |
|                                       | nsferor Contact Represer                                     | ntative (if other th                  |                             |               |                                   | troi only)     |                        |                                       | - m         |
| 34) First Na<br>Katharan              |  |                                       | 1                           | /ii: Last N   |                                   |                |                        |                                       | Suffix:     |
| Kathryn<br>(5) Compan                 | <del></del>  |                                       | A                           | Zacl          | 1em                               | ·              |                        |                                       |             |
| •                                     | son Barker Knaue   | r T.T.D                               |                             |               |                                   |                |                        |                                       |             |
| 36) P.O. Box                          | <del> </del>   | <del></del>                           | 37) Str                     | eet Address:  |                                   | <del></del>    |                        |                                       |             |
| •, ••===                              |  | And<br>/Or                            | ) '                         |               | eet, N.W.                         | . Suit         | e 700                  |                                       |             |
| 88) City:                             |  |                                       |                             |               | 39) State:                        |                | 40) Zip:               |                                       |             |
| Washing                               | jton .   |                                       |                             |               | DC                                |                | 20037-                 | 1128                                  |             |
| 1) Telephor                           | ne Number:   |                                       |                             | 42) FA        | X:                                | ···            | <u> </u>               |                                       |             |
| (202)78                               | 33-4141  |                                       |                             | (202          | 783-585                           | 1              |                        |                                       |             |
| 3) E-Mail A                           |  |                                       |                             |               |                                   |                |                        | · · · · · · · · · · · · · · · · · · · |             |
| kzachem                               | n@wbklaw.com   |                                       |                             |               |                                   |                |                        |                                       |             |
| ssignee/Tra                           | ansfere Information  | <del>-</del>                          |                             | <del></del> - | <del></del>                       |                |                        |                                       |             |
|                                       | e is a(n): ( <sup>C</sup> ) Individual<br><u>C</u> orporatio |                                       | orated Asso<br>ability Corp |               | Irust<br>Partnership              | <del>-</del> - | nment Entity<br>ortium | <u>J</u> oint                         | Venture     |
| 15a) Taxpaye                          | r Identification Number:                                     |                                       |                             |               |                                   | 45b) SGIN      | 1                      |                                       |             |
|                                       |  |                                       |                             |               |                                   |                |                        |                                       |             |
| 6) First Nar                          | me (if individual):  |                                       | M                           | II: Last Na   | ame:                              |                |                        |                                       | Suffix:     |
| 7) Entity Na                          | ame (if other than individual):                              |                                       |                             |               | <del> </del>                      |                |                        |                                       |             |
| Shareho                               | olders of Arch C   | ommunicati                            | ons G                       | roup,         | Inc.                              |                |                        |                                       |             |
|                                       | Real Party in Interest:                                      |                                       |                             |               |                                   | 49) TIN        |                        |                                       |             |
| N/A                                   |  |                                       |                             |               |                                   | N/A            |                        |                                       |             |
| 0) Attention                          | ı To:  | <del></del>                           |                             |               |                                   |                |                        |                                       |             |
| Kimberl                               | y Chagnon  |                                       |                             |               |                                   |                |                        |                                       |             |

| 51)  | P.O. Box   | And                   | 52)                | Street              | Address    | :         |                   |         |                            |                              |            |
|------|--|-----------------------|--------------------|---------------------|------------|-----------|-------------------|---------|----------------------------|------------------------------|------------|
|      |  | /Or                   | 180                | 00 W                | lest       | Park      | Drive,            | Suit    | e 250                      |                              |            |
| 53)  | City:  | · · · · · ·           |                    |                     |            | 54)       | State:            |         | 55) Zip:                   |                              |            |
| We   | estborough   |                       |                    |                     |            | MA        |                   |         | 01581                      |                              |            |
| 56)  | Telephone Number:  |                       |                    |                     | 57) FA     | X:        | - <del></del>     |         |                            |                              |            |
| ( 5  | 508)870-6700   |                       |                    |                     | (508       | ) 898     | -1953             |         |                            |                              |            |
| 58)  | E-Mail Address:  |                       |                    |                     |            |           | <del></del>       |         |                            |                              |            |
| ko   | chagnon@arch.com   |                       |                    |                     |            |           |                   |         |                            |                              |            |
|      |  |                       |                    |                     |            |           |                   |         |                            |                              |            |
| lan  | ne of Assignee/Transferee Contact Represent  | tative                | (if oth            | er tha              | n Assia    | nee/Tra   | nsferee)          |         |                            |                              |            |
|      | First Name:  |                       | (                  | MI:                 | Last       |           |                   |         |                            | l s                          | uffix:     |
| •    | athryn   |                       |                    | A                   | Zac        | hem       |                   |         |                            |                              | -11.50     |
|      | Company Name:  |                       |                    | L                   |            |           |                   |         | <del></del>                |                              |            |
|      | ilkinson Barker Knauer, LLP  |                       |                    |                     |            |           |                   |         |                            |                              |            |
|      | P.O. Box   |                       | 62)                | Street              | Address:   |           | ···········       |         |                            | <del></del>                  |            |
| ٠.,  | 1.0.50.2   | And<br>/Or            | ) ' '              |                     |            |           | N.W., S           | hite    | 700                        |                              |            |
| 631  | City:  |                       |                    |                     |            | 64)       |                   |         | 65) Zip:                   |                              |            |
| -    | ashington  |                       |                    |                     |            | DC        | owic.             | l l     | 00 <b>, 25.</b><br>0037-1: | 128                          |            |
|      | Telephone Number:  |                       |                    |                     | 67) FA     |           |                   |         | 0037-1.                    |                              |            |
|      | 202) 783-4141  |                       |                    |                     |            |           | -5851             |         |                            |                              |            |
|      | E-Mail Address:  |                       |                    | 1                   | (202       | 7 703     | -3031             |         |                            |                              |            |
| •    | achem@wbklaw.com   |                       |                    |                     |            |           |                   |         |                            |                              |            |
|      | achemewbriaw.com   |                       |                    |                     |            |           | ·                 |         |                            |                              |            |
|      | n Ownership Questions  Is the Assignee or Transferee a foreign government or to  | he repr               | esentat            | ive of a            | iny foreig | n govern  | ment?             |         |                            | ( <sup>N</sup> ) <u>Y</u> es | <u>N</u> o |
| 70)  | Is the Assignee or Transferee an alien or the representa   | tive of a             | an alien           | 1?                  |            |           |                   |         |                            | (N)Yes                       | <u>N</u> o |
| 71)  | Is the Assignee or Transferee a corporation organized u  | nder th               | e laws             | of any              | foreign go | overnmer  | nt?               |         |                            | ( <sup>N</sup> ) <u>Y</u> es | <u>N</u> o |
| 72)  | Is the Assignee or Transferee a corporation of which moby aliens or their representatives or by a foreign government under the laws of a foreign country?  |                       |                    |                     |            |           |                   |         | I                          | ( <sup>N</sup> ) <u>Y</u> es | <u>N</u> o |
| 73)  | Is the Assignee or Transferee directly or indirectly control the capital stock is owned of record or voted by aliens, the thereof, or by any corporation organized under the laws of If 'Yes', attach exhibit explaining nature and extent of alies.                 | heir rep<br>of a fore | resenta<br>eign co | itives, d<br>untry? | or by a fo | eign gov  |                   |         | re                         | ( N ) <u>Y</u> es            | <u>N</u> o |
| Basi | ic Qualification Questions   |                       |                    |                     |            |           |                   |         |                            |                              |            |
| 74)  | Has the Assignee or Transferee or any party to this appl permit revoked or had any application for an initial, modif permit denied by the Commission?  If 'Yes', attach exhibit explaining circumstances.  |                       |                    |                     |            |           |                   |         |                            | ( <sup>N</sup> ) <u>Y</u> es | <u>N</u> o |
| 75)  | Has the Assignee or Transferee or any party to this appl<br>Transferee, or any party to this application ever been cor<br>If 'Yes', attach exhibit explaining circumstances.   |                       |                    |                     |            |           |                   | Assigne | e or                       | ( <sup>N</sup> ) <u>Y</u> es | <u>N</u> o |
| 76)  | Has any court finally adjudged the Assignee or Transfere Transferee guilty of unlawfully monopolizing or attemptin indirectly, through control of manufacture or sale of radio or unfair methods of competition?  If 'Yes', attach exhibit explaining circumstances. | ig unlav              | vfully to          | mono                | polize rad | io comm   | unication, direct | lly or  |                            | ( <sup>N</sup> ) <u>Y</u> es | <u>N</u> o |
| 77)  | Is the Assignee or Transferee, or any party directly or inc<br>in any pending matter referred to in the preceding two ite<br>If 'Yes', attach exhibit explaining circumstances   | directly<br>ems?      | controll           | ing the             | Assigne    | e or Tran | sferee currently  | a party |                            | ( N ) <u>Y</u> es            | <u>N</u> o |

#### 78) Race, Ethnicity, and Gender of Assignee/Transferee (Optional):

| Race:      | American Indian or Alaska<br>Native: | Asian:                     | Black or African-<br>American: | Native Hawaiian or Other<br>Pacific Islander: | White: |
|------------|--------------------------------------|----------------------------|--------------------------------|---|--------|
| Ethnicity: | Hispanic or Latino:                  | Not Hispanic or<br>Latino: |                                |   |        |
| Gender:    | Female:                              | Male:                      |                                |   |        |

| Assi  | gnor/Transferor Certification Statements  |       |                        |           |  |  |  |  |  |  |  |
|-------|---|-------|------------------------|-----------|--|--|--|--|--|--|--|
| 1)    | The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for pro forma assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998). |       |                        |           |  |  |  |  |  |  |  |
| 2)    | The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.   |       |                        |           |  |  |  |  |  |  |  |
| 79)   | Typed or Printed Name of Party Authorized to Sign   |       |                        |           |  |  |  |  |  |  |  |
| First | First Name:   |       | Last Name:             | Suffix:   |  |  |  |  |  |  |  |
| Pa    | ul  | Н     | Kuzia                  |           |  |  |  |  |  |  |  |
|       | Title:<br>ecutive Vice President, Technolo  | ogy ; | and Regulatory Affairs |           |  |  |  |  |  |  |  |
| Sign  | ature:  |       |                        | 81) Date: |  |  |  |  |  |  |  |
|       | (-05/5/   |       |                        |           |  |  |  |  |  |  |  |

#### Assignee/Transferee Certification Statements

- The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for pro forma assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998).
- 2) The Assignee or Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.\*
  - \* If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.
- 5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b). for the definition of "party to the application" as used in this certification.
- 7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission. (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

82) Typed or Printed Name of Party Authorized to Sign

First Name:

Paul

H Kuzia

83) Title:

Executive Vice President, Technology and Regulatory Affairs

Signature:

DEC 1 0 1999

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)),

AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

| SERVICE | CALL SIGN | LICENSEE                            |
|---------|-----------|-------------------------------------|
| IB/IG   | KNNI382   | Arch Communications Enterprises LLC |
| IB/IG   | KNNJ539   | Arch Communications Enterprises LLC |
| IB/IG   | WNBD850   | Arch Communications Enterprises LLC |
| IB/IG   | WNBE272   | Arch Communications Enterprises LLC |
| IB/IG   | WNCX753   | Arch Communications Enterprises LLC |
| IB/IG   | WNJL715   | Arch Communications Enterprises LLC |
| IB/IG   | WNLC525   | Arch Communications Enterprises LLC |
| IB/IG   | WNPB942   | Arch Communications Enterprises LLC |
| IB/IG   | WNPF691   | Arch Communications Enterprises LLC |
| IB/IG   | WNUT968   | Arch Communications Enterprises LLC |
| IB/IG   | WNUU624   | Arch Communications Enterprises LLC |
| IB/IG   | WNWC609   | Arch Communications Enterprises LLC |
| IB/IG   | WNZS980   | Arch Communications Enterprises LLC |
| IB/IG   | WPBB642   | Arch Communications Enterprises LLC |
| IB/IG   | WPBF904   | Arch Communications Enterprises LLC |
| IB/IG   | WPBH997   | Arch Communications Enterprises LLC |
| IB/IG   | WPBH998   | Arch Communications Enterprises LLC |
| IB/IG   | WPBK655   | Arch Communications Enterprises LLC |
| IB/IG   | WPBS443   | Arch Communications Enterprises LLC |
| IB/IG   | WPBX713   | Arch Communications Enterprises LLC |
| IB/IG   | WPCC643   | Arch Communications Enterprises LLC |
| IB/IG   | WPCC828   | Arch Communications Enterprises LLC |
| IB/IG   | WPCD919   | Arch Communications Enterprises LLC |
| IB/IG   | WPGV203   | Arch Communications Enterprises LLC |
| IB/IG   | WPGW590   | Arch Communications Enterprises LLC |
| IB/IG   | WPIG860   | Arch Communications Enterprises LLC |
| IB/IG   | WPJG212   | Arch Communications Enterprises LLC |
| IB/IG   | WPJW698   | Arch Communications Enterprises LLC |
| IB/IG   | WPJW953   | Arch Communications Enterprises LLC |
| IB/IG   | WPKW570   | Arch Communications Enterprises LLC |

US CITIVE FINCEUCIO

FCC 603 Main Form

## FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control

Approved by OMB 3060 - 0800 See instructions for public burden estimate

| 1) A  | Application Purpose (Select only or   | 1e) (TC)  |                         |               |   |                 |                    |          |               |            |
|-------|---|---|-------------------------|---------------|---|-----------------|--------------------|----------|---------------|------------|
|       |   | M - Amendment<br>D - Withdrawal                 |                         |               | Notification (for Co<br>or Extension of Tir |                 |                    |          |               | r)         |
| 2a)   | If this request is for an Amendment or W on file with the FCC.  | ithdrawal, enter the l                          | File Number             | of the pen    | ding application of                         | currently       | File Nu            | mber:    |               |            |
| 2b)   | File numbers of related pending applicati   | ions currently on file                          | with the FC(            | J:            |   |                 |                    |          |               |            |
| Туре  | of Transaction  |   |                         |               |   |                 |                    |          |               |            |
| 3a)   | Is this a pro forma assignment of authori   | ization or transfer of                          | control?                |               |   |                 |                    | ( N      | ) <u>Y</u> es | <u>N</u> o |
| 3b)   | If the answer to Item 3a is 'yes', is this a<br>Commission's forbearance procedures for   | notification of a pro f<br>or telecommunication | orma transans licenses? | ction being   | ; filed under the                           |                 |                    | (        | ) <u>Y</u> es | <u>N</u> o |
| 4)    | For assignments of authorization only, is   | this a partition and/c                          | x disaggrega            | ation?        |   |                 |                    | (        | ) <u>Y</u> es | <u>N</u> o |
| 5)    | Does this filing request a waiver of the Co   | ommission's rules?                              |                         |               |   |                 |                    | ( Y      | ) <u>Y</u> es | <u>N</u> o |
| 6)    | Are attachments being filed with this app   | lication?                                       |                         |               |   |                 |                    | (Y)      | ) <u>Y</u> es | <u>N</u> o |
| 7a)   | Does the transaction that is the subject of licenses held by the assignor/transferor or commonly controlled entities) that are  | or affiliates of the ass                        | signor/transfe          | eror (e.g., p | parents, subsidiar                          | ries,           |                    | (Y)      | ) <u>Y</u> es | <u>N</u> o |
| 7b)   | b) Does the transaction that is the subject of this application also involve transfer or assignment of non-wireless licenses that are not included on this form and for which Commission approval is required?  (Y)Yes No |   |                         |               |   |                 |                    |          |               |            |
| Trans | saction Information   |   |                         |               |   |                 |                    |          |               |            |
| 8)    | How will the assignment of authorization  | or transfer of control                          | be accompli             | ished? Se     | lect One: (S)                               |                 |                    |          |               |            |
|       | Sale or other assignment or transfer of st  | łock  | <u>C</u> ourt C         | Order         |   |                 |                    |          |               |            |
|       | Other (voting trust agreement, management   | ent contract, etc.): _                          |                         |               |   |                 |                    |          |               |            |
| L     | If required by applicable rule, attach as ar agreements, instruments, certified copies  |   |                         | trol is to be | assigned or tran                            | isferred, along | with copies of an  | y pertir | nent co       | ontracts,  |
| 9)    | The assignment of authorization or transf   | fer of control of licens                        | se is:                  |               |   |                 | ( V ) <u>v</u> olu | untary   | invol         | luntary    |
| Licen | nsee/Assignor Information   |   |                         |               |   |                 |                    |          |               |            |
|       | Taxpayer Identification Number:   |   |                         |               |   | 10b) SGI        | N:                 |          |               |            |
| 11)   | First Name (if individual):   |   | MI:                     | Last Na       | me:   |                 |                    |          |               | Suffix:    |
| 1     | ·   |   |                         | <u> </u>      | <u> </u>                                    |                 |                    |          |               |            |
|       | ch Connecticut Valley   | y, Inc.   |                         |               |   |                 |                    |          |               |            |
|       | Attention To:   |   |                         |               |   |                 |                    |          |               |            |
|       | mberly Chagnon P.O. Box:  |   | 4EV Stroe               | 1 A 4droco    | -   |                 |                    |          |               |            |
| 14)   | P.O. Box.   | And<br>/Or                                      | 15) Stree<br>1800 V     |               | :<br>Park D <u>ri</u> v                     | ve, Sui         | te 250             |          |               |            |
| 16)   | •   |   |                         |               | 17) State:                                  |                 | 18) Zip:           |          |               |            |
|       | stborough   |   |                         |               | MA  |                 | 01581              |          |               |            |
|       | Telephone Number:   |   |                         | 20) F/        |   |                 |                    |          |               |            |
|       | 08)870-6700   | <del></del>                                     |                         | (508          | 3)898-195                                   | 3               |                    |          |               |            |
|       | E-Mail Address:   |   |                         |               |   |                 |                    |          |               |            |

| Race:  | American Indian or Alaska<br>Native:   | Asian:                |           |                | ck or Africa<br>erican: |                  | ative Hawaiiar<br>acific Islander |                                       | White:        |         |
|--|--|-----------------------|-----------|----------------|-------------------------|------------------|-----------------------------------|---------------------------------------|---------------|---------|
| Ethnicity:   | Hispanic or Latino:  | Not Hispan<br>Latino: | ic or     |                |                         |                  |                                   |                                       |               |         |
| Gender:  | Female:  | Male:                 |           |                |                         |                  |                                   |                                       |               |         |
|  | nformation (for transfers  | of control only       | ۸         | <del></del>    |                         |                  |                                   |                                       |               |         |
|  | nformation (for transfers of the state of th | or control only       | <u>''</u> |                |                         |                  | 23b) SGI                          | N.                                    |               |         |
| zoa, lapa,   |  |                       |           |                |                         |                  | 200, 001                          |                                       |               |         |
| 24) First Na   | ame (if individual):   |                       |           | MI:            | Last Na                 | ame:             | 1                                 | <del></del>                           |               | Suffix  |
|  |  |                       |           |                | 1                       |                  |                                   |                                       |               |         |
| 25) Entity N   | lame (if other than individual):   |                       |           |                | <u> </u>                |                  |                                   | · · · · · · · · · · · · · · · · · · · |               |         |
| Shareh   | olders of Arch (   | Communic              | atio      | ons Gr         | oup,                    | Inc.             |                                   |                                       |               |         |
| 26) P.O. Bo  | ox:  |                       | And       | 27) Street     | Address:                |                  | <del> </del>                      |                                       |               |         |
|  |  |                       | /Or       | 1800 W         | lest P                  | ark Driv         | 7e, Sui                           | te 250                                |               |         |
| 28) City:  |  |                       |           |                |                         | 29) State:       |                                   | 30) Zip:                              |               |         |
| Westbo   | rough  |                       |           |                |                         | MA               |                                   | 01581                                 |               |         |
| 31) Telepho  |  |                       |           |                | 32) FA                  | X:               |                                   |                                       |               |         |
| ·  | 70-6700  |                       |           |                | (508)                   | 898-195          | 3                                 |                                       |               |         |
| 33) E-Mail A   | Address:   |                       |           |                |                         |                  |                                   |                                       |               |         |
|  |  |                       |           |                |                         |                  |                                   |                                       |               |         |
| ame of Tra   | nsferor Contact Represe  | ntative (if oth       | er tha    | n Transferd    | or) (for tra            | ansfers of con   | trol only)                        |                                       |               |         |
| 34) First Na   | me:  |                       |           | MI:            | Last Na                 | me:              |                                   | <del></del>                           | <del></del> 7 | Suffix  |
| Kathryr  | ı  |                       |           | A              | Zach                    | .em              |                                   |                                       |               |         |
| 35) Compar   | ny Name:   |                       |           |                |                         |                  |                                   |                                       |               |         |
| Wilkins  | son Barker Knaue   | er, LLP               |           |                |                         |                  |                                   |                                       |               |         |
| 36) P.O. Bo  | x:   | T                     | And       | 37) Street     | Address:                | <del></del>      |                                   | ·····                                 |               |         |
|  |  |                       |           | 2300 N         | Stre                    | et, N.W.         | , Suit                            | e 700                                 |               |         |
| 38) City:  | <del></del>  | <del> </del>          |           |                | ·                       | 39) State:       |                                   | 40) Zip:                              |               |         |
| Washing  | jton   |                       |           |                |                         | DC               |                                   | 20037-                                | 1128          |         |
| 11) Telepho  | ne Number:   |                       |           |                | 42) FAX                 | <del>\( \)</del> |                                   | <u>L </u>                             |               |         |
| (202) 78   | 33-4141  |                       |           |                | (202)                   | 783-585          | 1                                 |                                       |               |         |
| 13) E-Mail A   | Address:   |                       |           |                |                         |                  |                                   |                                       |               |         |
| kzachem  | n@wbklaw.com   |                       |           |                |                         |                  |                                   |                                       |               |         |
| ssignee/Tr   | ansferee Information   |                       |           |                |                         |                  |                                   |                                       |               |         |
|  | e is a(n): (C) Individual  | I Uni                 | ncorpor   | ated Associa   | ation                   | Trust            | Gover                             | nment Entity                          | Joint         | Venture |
| 14) Assigne  | <u>C</u> orporati  |                       | •         | bility Corpora |                         | Partnership      |                                   | •                                     | <u>_</u>      |         |
| 14) Assigne  |  |                       |           |                |                         |                  | 45b) SGIN                         | 1                                     |               |         |
|  | r Identification Number:   |                       |           |                |                         |                  | ·                                 |                                       |               |         |
|  | r Identification Number:   |                       |           |                |                         |                  |                                   |                                       |               |         |
| 5а) Тахрауе  |  |                       |           | MI             | Last Na                 | me:              |                                   |                                       | <del></del>   | Suffix  |
| 15а) Тахрауе   | r Identification Number:   |                       |           | MI:            | Last Na                 | me:              |                                   |                                       |               | Suffix: |
| 15a) Taxpaye   | me (if individual):  |                       |           | MI:            | Last Na                 | me:              |                                   |                                       |               | Suffix  |
| 15a) Taxpaye 16) First Na 17) Entity Na                  | me (if individual): ame (if other than individual):  | Communic              | atio      |                | }                       |                  |                                   |                                       |               | Suffix: |
| 15a) Taxpaye<br>16) First Na<br>17) Entity Na<br>Shareho | me (if individual):  ame (if other than individual):  olders of Arch C   | Communic              | atic      |                | }                       | me:              | 49) TIN                           |                                       |               | Suffix  |
| 15a) Taxpaye<br>16) First Na<br>17) Entity Na<br>Shareho | me (if individual): ame (if other than individual):  | Communic              | atic      |                | }                       |                  | 49) TIN<br>N/A                    |                                       |               | Suffix: |

Kimberly Chagnon

| 51) P.O. Box   | And            | 52)        | Stree    | t Address:            |                      |                                   |          |                   |              |
|--|----------------|------------|----------|-----------------------|----------------------|-----------------------------------|----------|-------------------|--------------|
|  | /Or            | 18         | 00 V     | West 1                | ?ark                 | Drive, Su                         | ite 250  |                   |              |
| 53) City:  |                |            |          |                       | 54)                  | State:                            | 55) Zip: |                   |              |
| Westborough  |                |            |          |                       | MA                   |                                   | 01581    |                   |              |
| 56) Telephone Number:  |                |            |          | 57) FA                | K:                   |                                   |          |                   |              |
| (508)870-6700  |                |            |          | (508                  | 898 (                | -1953                             |          |                   |              |
| 58) E-Mail Address:  |                |            |          |                       |                      |                                   |          |                   |              |
| kchagnon@arch.com  |                |            |          |                       |                      |                                   |          |                   |              |
|  |                |            |          | -                     |                      |                                   |          |                   |              |
| Name of Assignee/Transferee Contact Repr   | esentativ      | e (if oth  | ner tha  | an Assigr             | ee/Tra               | ansferee)                         |          |                   |              |
| 59) First Name:  |                |            | MI:      | Last N                | ame:                 |                                   |          |                   | Suffix:      |
| Kathryn  |                |            | A        | Zacl                  | nem                  |                                   |          |                   |              |
| 60) Company Name:  |                |            |          |                       |                      |                                   |          |                   |              |
| Wilkinson Barker Knauer, 1   | LLP_           |            |          |                       |                      |                                   |          |                   |              |
| 61) P.O. Box:  | And            | 62)        | Street   | Address:              |                      |                                   |          |                   |              |
|  | /Or            | 230        | 70 N     | Stre                  |                      | N.W., Suit                        | ce 700   |                   |              |
| 63) City:  |                |            |          |                       | 64)                  | State:                            | 65) Zip: |                   |              |
| Washington   |                |            |          |                       | DC                   |                                   | 20037-13 | 128               |              |
| 66) Telephone Number: 67) FAX:   |                |            |          |                       |                      |                                   |          |                   |              |
| (202) 783-4141 (202) 783-5851  |                |            |          |                       |                      |                                   |          |                   |              |
| 68) E-Mail Address:  |                |            |          |                       |                      |                                   |          |                   |              |
| kzachem@arch.com   |                |            |          |                       |                      |                                   |          |                   |              |
|  |                |            |          |                       |                      |                                   |          |                   |              |
| Alien Ownership Questions  |                |            |          |                       |                      |                                   |          |                   |              |
| 69) Is the Assignee or Transferee a foreign governme   | ent or the re  | presenta   | tive of  | any foreigr           | govern               | ment?                             |          | ( N ) <u>Y</u> e  | s <u>N</u> o |
| 70) Is the Assignee or Transferee an alien or the repr   | esentative o   | of an alie | n?       |                       |                      |                                   |          | ( N ) <u>Y</u> e  | s <u>N</u> o |
| 71) Is the Assignee or Transferee a corporation organ  | nized under    | the laws   | of any   | foreign go            | vernme               | nt?                               |          | ( N ) <u>Y</u> e  | s <u>N</u> o |
| 72) Is the Assignee or Transferee a corporation of who by aliens or their representatives or by a foreign gunder the laws of a foreign country?  |                |            |          |                       |                      |                                   |          | ( N ) <u>Y</u> e: | s <u>N</u> o |
| 73) Is the Assignee or Transferee directly or indirectly   | controlled     | hy any of  | ther co  | rooration o           | f which              | more than one-fourth              | of       |                   |              |
| the capital stock is owned of record or voted by al  | iens, their re | epresent   | atives,  | or by a for           |                      |                                   |          |                   |              |
| thereof, or by any corporation organized under the<br>If 'Yes', attach exhibit explaining nature and exten   |                |            |          |                       | rol                  |                                   |          | ( N ) <u>Y</u> e: | s <u>N</u> o |
| in tee, allow exhibit explaining fletare and extern  | - CT GIICH OF  |            |          |                       |                      |                                   |          |                   |              |
| Basic Qualification Questions  |                |            |          |                       |                      |                                   |          |                   |              |
| 74) Has the Assigned or Transferred or any party to th   | io continatio  | n had ar   |          | station au            | thorizot             | ion ligance or constru            | ection   | <del></del>       |              |
| 74) Has the Assignee or Transferee or any party to the permit revoked or had any application for an initial permit denied by the Commission? If 'Yes', attach exhibit explaining circumstances.  |                |            |          |                       |                      |                                   |          | ( N ) <u>Y</u> es | s <u>N</u> o |
| 75) Has the Assignee or Transferee or any party to th<br>Transferee, or any party to this application ever be<br>If 'Yes', attach exhibit explaining circumstances.  | is application | n, or any  | party of | directly or any state | indirect<br>or feder | y controlling the Assignal court? | nee or   | ( N ) <u>Y</u> es | s <u>N</u> o |
| 76) Has any court finally adjudged the Assignee or Tr<br>Transferee guilty of unlawfully monopolizing or att<br>indirectly, through control of manufacture or sale of<br>or unfair methods of competition?<br>If 'Yes', attach exhibit explaining circumstances. | empting unl    | awfully to | o mono   | polize radi           | o comn               | nunication, directly or           |          | ( N ) <u>Y</u> es | ; <u>N</u> o |
| 77) Is the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee currently a party in any pending matter referred to in the preceding two items?  If 'Yes', attach exhibit explaining circumstances.                |                |            |          |                       |                      |                                   |          | ( N ) <u>Y</u> es | . <u>N</u> o |

#### 78) Race, Ethnicity, and Gender of Assignee/Transferee (Optional):

| Race:      | American Indian or Alaska<br>Native: | Asian:                     | Black or African-<br>American: | Native Hawaiian or Other<br>Pacific Islander: | White: |
|------------|--------------------------------------|----------------------------|--------------------------------|---|--------|
| Ethnicity: | Hispanic or Latino:                  | Not Hispanic or<br>Latino: |                                |   |        |
| Gender:    | Female:                              | Male:                      |                                |   |        |

| Ass         | gnor/Transferor Certification Statements  |       |                        |        |         |  |  |  |  |  |
|-------------|---|-------|------------------------|--------|---------|--|--|--|--|--|
| 1)          | The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for pro forma assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998). |       |                        |        |         |  |  |  |  |  |
| 2)          | The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.   |       |                        |        |         |  |  |  |  |  |
| 79)         | 79) Typed or Printed Name of Party Authorized to Sign   |       |                        |        |         |  |  |  |  |  |
| First Name: |   | MI:   | Last Name:             |        | Suffix: |  |  |  |  |  |
| Paul        |   | Н     | Kuzia                  |        |         |  |  |  |  |  |
| 80)         | Title:  |       |                        |        |         |  |  |  |  |  |
| Ex          | ecutive Vice President, Technolo  | ogy a | and Regulatory Affairs |        |         |  |  |  |  |  |
| Sign        | ature:  |       |                        | 81) Da | te:     |  |  |  |  |  |
| (           | Fluld Mesa  | DEC   | 1 0 1999               |        |         |  |  |  |  |  |

#### Assignee/Transferee Certification Statements

- The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for proforma assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998).
- The Assignee or Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution,
  - \* If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.
- The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b). for the definition of "party to the application" as used in this certification.
- The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

# 82) Typed or Printed Name of Party Authorized to Sign First Name: Paul B3) Title: Executive Vice President, Technology and Regulatory Affairs Signature: 84) Date:

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

DEC 1 0 1999

|   | SERVICE | CALL SIGN | LICENSEE                      |
|---|---------|-----------|-------------------------------|
| Γ | GS      | WPJY690   | Arch Connecticut Valley, Inc. |

FCC 603 Main Form

kchagnon@arch.com

# FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control

Approved by OMB 3060 - 0800 See instructions for public burden estimate

|     | AA - Assignment of Authorization<br>FC - Transfer of Control   | AM - Amendme<br>WD - Withdraw |           |          |        |             |             |          |            | nsummatione (to Cons |            |                  |             |               | er)        |
|-----|--|-------------------------------|-----------|----------|--------|-------------|-------------|----------|------------|----------------------|------------|------------------|-------------|---------------|------------|
| 2a) | If this request is for an Amendment on file with the FCC.  | or Withdrawal, er             | nter the  | File Nu  | mber   | of the pe   | nding a     | applio   | cation cu  | irrently             |            | File Nu          | ımber       | ;             |            |
| 2b) | File numbers of related pending ap   | olications currently          | on file   | with the | e FCC  | ;:          |             |          |            |                      |            | <b>-</b>         |             |               |            |
| уре | of Transaction   |                               |           |          |        |             |             |          |            |                      |            |                  |             |               |            |
| 3a) | Is this a pro forma assignment of a  | uthorization or tran          | nsfer of  | control  | ?      |             |             |          |            |                      |            |                  | ( N         | ) <u>Y</u> es | <u>N</u> o |
| 3b) | If the answer to Item 3a is 'yes', is t<br>Commission's forbearance procedu  |                               |           |          |        | ction beir  | g filed     | unde     | er the     |                      |            |                  | (           | ) <u>Y</u> es | <u>N</u> o |
| 4)  | For assignments of authorization or  | nly, is this a partition      | on and/o  | r disag  | grega  | tion?       |             |          |            |                      |            |                  | (           | ) <u>Y</u> es | <u>N</u> o |
| 5)  | Does this filing request a waiver of   | the Commission's              | rules?    |          |        |             |             |          |            |                      |            |                  | ( Y         | ) <u>Y</u> es | <u>N</u> o |
| 6)  | Are attachments being filed with thi   | s application?                |           |          |        |             |             |          |            |                      |            |                  | ( Y         | ) <u>Y</u> es | <u>N</u> o |
| 7a) | Does the transaction that is the sub-<br>licenses held by the assignor/transf<br>or commonly controlled entities) that | eror or affiliates of         | the ass   | signor/t | ransfe | ror (e.g.,  | parent      | s, su    | ubsidiarie | es,                  | 1?         |                  | ( Y         | ) <u>Y</u> es | <u>N</u> o |
| 7b) | Does the transaction that is the sub<br>non-wireless licenses that are not in  |                               |           |          |        |             |             |          |            | 1?                   |            |                  | ( Y         | ) <u>Y</u> es | <u>N</u> o |
| ans | saction Information  |                               |           |          |        |             |             |          |            |                      |            |                  |             |               |            |
| 8)  | How will the assignment of authoriz  | ation or transfer of          | control   | be acc   | compli | shed? S     | elect O     | ne: (    | (S)        |                      |            |                  |             |               |            |
|     | Sale or other assignment or transfer   | of stock                      |           | <u>C</u> | ourt C | )rder       |             |          |            |                      |            |                  |             |               |            |
|     | Other (voting trust agreement, mana  | agement contract,             | etc.): _  |          |        |             |             |          |            | <del> </del>         |            |                  |             |               |            |
|     | If required by applicable rule, attach agreements, instruments, certified of   |                               |           |          | v cont | rol is to t | e assig     | gned     | or trans   | ferred, alo          | ng with co | opies of ar      | ny pert     | inent c       | contract   |
| 9)  | The assignment of authorization or   | ransfer of control            | of licens | se is:   |        |             |             |          |            |                      |            | ( V <u>)V</u> ol | untary      | <u>I</u> nvo  | luntary    |
| cen | see/Assignor Information   |                               |           |          |        |             |             |          |            |                      |            |                  |             |               |            |
| 0a) | Taxpayer Identification Number:  |                               |           |          |        |             |             |          |            | 10b) S               | GIN:       |                  |             |               |            |
| ŋ   | คารบางสากอ (เกากอโทโตนาส์):  | <del> </del>                  |           | T        | MI:    | Last N      | ame:        |          |            |                      | <u> </u>   |                  | <del></del> |               | Suffix     |
|     | Entity Name (if not an individual):  |                               |           |          |        |             |             |          |            |                      |            |                  |             | <del></del>   | L          |
|     | ch Connecticut Val   | ley, Inc                      | •         |          |        |             |             |          |            |                      |            |                  |             |               |            |
| •   | mberly Chaqnon   |                               |           |          |        |             |             |          |            |                      |            |                  |             |               |            |
|     | P.O. Box:  |                               | And       | 15)      | Stree  | Addres      | <del></del> |          |            |                      |            |                  |             |               |            |
|     |  |                               | /Or       | 180      | 0 V    | Vest        |             |          |            | e, Su                |            |                  |             |               |            |
|     | City:  |                               |           |          |        |             | ı           |          | tate:      |                      | 18) 2      |                  |             |               |            |
|     | stborough Telephone Number:  |                               |           |          |        | 1 00:       | M/          | <u> </u> |            |                      | 015        | RT               |             |               |            |
|     | 18)870-6700  |                               |           |          |        | 20)         |             | 0.0      | .1051      | 2                    |            |                  |             |               |            |
|     | E-Mail Address:  |                               |           |          |        | 1 (20       | 0/85        | 70-      | 1953       |                      |            |                  |             |               |            |

| Race:                     | American Indian o<br>Native:    | r Alaska Asia       | an:                                   |        |             | k or Africa<br>erican: | ın-                                   | Native Hawaiia<br>Pacific Islande |                   | White        |             |
|---------------------------|---------------------------------|---------------------|---------------------------------------|--------|-------------|------------------------|---------------------------------------|-----------------------------------|-------------------|--------------|-------------|
| Ethnicity:                | Hispanic or Latino              | : Not<br>Lati       | Hispanic or<br>no:                    |        |             |                        |                                       |                                   |                   |              |             |
| Gender:                   | Female:                         | Mai                 | e:                                    |        |             |                        |                                       |                                   |                   |              |             |
|                           | nformation (for t               |                     | ol only)                              |        |             | ·                      |                                       | 23b) SG                           | in.               |              | <del></del> |
| zoay laspay               | or identification ( )           |                     |                                       |        |             |                        |                                       | 200, 00                           |                   |              |             |
| 24) First Na              | ame (if individual):            | <del></del>         |                                       |        | MI:         | Last Na                | ame:                                  |                                   |                   |              | Suffix:     |
| •                         | lame (if other than in          | •                   |                                       |        | <del></del> |                        |                                       |                                   | <del>"</del>      |              |             |
|                           | olders of                       | Arch Comm           | unicati                               |        |             | _                      | Inc.                                  |                                   |                   |              |             |
| 26) P.O. Bo               | )X:                             |                     | And                                   |        |             | Address:               | . , _                                 |                                   | • • • • •         |              |             |
|                           |                                 |                     | /Or                                   | 18     | 00 W        | est P                  |                                       | ive, Su                           |                   |              |             |
| 28) City:<br>Westbo:      | cough                           |                     |                                       |        |             |                        | 29) State<br>MA                       | •                                 | 30) Zip:<br>01581 |              |             |
| 31) Telepho               |                                 |                     |                                       |        |             | 32) FAX                |                                       |                                   | 01361             | <del></del>  |             |
| •                         | 70-6700                         |                     |                                       |        |             | •                      | <br>898-1                             | 953                               |                   |              |             |
| 33) E-Mail /              |                                 |                     |                                       |        | 1           |                        |                                       |                                   |                   |              |             |
|                           |                                 |                     |                                       |        |             |                        |                                       |                                   |                   |              |             |
| ame of Tra                | nsferor Contact                 | Renresentative      | (if other th                          | an Tra | ensfero     | r) (for tra            | ensfers of o                          | control only)                     | <del></del>       | <del> </del> |             |
| 34) First Na              |                                 | Representative      | - (ii Otiloi tii                      |        | MI:         | Last Na                |                                       |                                   |                   |              | Suffix:     |
| Kathryr                   |                                 |                     |                                       |        | Α           | Zach                   | em                                    |                                   |                   |              |             |
| 35) Compar                |                                 |                     |                                       |        | 1           | l                      | · · · · · · · · · · · · · · · · · · · | <del></del>                       |                   |              | L           |
| Wilkins                   | son Barker                      | Knauer, I           | LLP                                   |        |             |                        |                                       |                                   |                   |              |             |
| 36) P.O. Bo               | X:                              |                     | And                                   |        |             | Address:               |                                       |                                   |                   |              |             |
|                           |                                 |                     | /Or                                   | 230    | 00 И        | Stre                   |                                       | W., Suit                          | e 700             |              |             |
| 38) City:                 |                                 |                     |                                       |        |             |                        | 39) State                             | <b>9</b> :                        | 40) Zip:          |              |             |
| Washing                   | <u> </u>                        |                     |                                       |        |             | 40) EN                 | DC                                    |                                   | 20037-            | 1128         |             |
| 11) Telepho<br>(202)78    |                                 |                     |                                       |        |             | 42) FAX                | k:<br>  783-58                        | 251                               |                   |              |             |
| (202) / 6<br>(3) E-Mail A |                                 |                     |                                       |        |             | (202)                  |                                       |                                   |                   |              |             |
| •                         | ~ddr⇔s.<br>n@wbklaw.co          | om.                 |                                       |        |             |                        |                                       |                                   |                   |              |             |
|                           |                                 | <del></del>         | <del>,, _</del> ,                     |        |             |                        |                                       |                                   |                   |              |             |
|                           | ansferee Informate is a(n): (C) | ation<br>Individual | <u>U</u> nincorpo                     |        | Associa     |                        | Trust                                 | Gora                              | ernment Entity    | loin         | t Venture   |
| my russigne               | e is a(ii). ( - )               | <u>C</u> orporation | <u>L</u> imited Li                    |        |             |                        | Partners                              |                                   | sortium           | 2011         | t venture   |
| 5a) Taxpave               | r Identification Numb           | oer:                |                                       |        |             |                        |                                       | 45b) SGI                          | N                 |              |             |
|                           |                                 |                     |                                       |        |             |                        |                                       |                                   |                   |              |             |
| 6) First Na               | me (if individual):             | <del></del>         | <del></del> _                         |        | MI:         | Last Na                | me:                                   | !                                 |                   |              | Suffix:     |
|                           |                                 |                     |                                       |        |             |                        |                                       |                                   |                   |              |             |
| 7) Entity N               | ame (if other than inc          | lividual):          | · · · · · · · · · · · · · · · · · · · |        |             | L                      |                                       |                                   |                   |              | L           |
|                           | olders of A                     |                     | ınicati                               | ons    | Gro         | up, I                  | inc.                                  |                                   |                   |              | =           |
|                           | Real Party in Interes           | st:                 |                                       |        |             |                        |                                       | 49) TIN                           |                   |              |             |
| N/A                       |                                 |                     |                                       |        |             |                        |                                       | N/A                               |                   |              |             |

50) Attention To:

Kimberly Chagnon

| 51) P.O. Box   | And                                | 52)       | 52) Street Address: |               |                   |                 |           |                   |                |  |
|--|------------------------------------|-----------|---------------------|---------------|-------------------|-----------------|-----------|-------------------|----------------|--|
|  | /Or                                | 180       | 0 W                 | lest I        | ark Dri           | ve, Su          | ite 250   |                   |                |  |
| 53) City:  |                                    |           |                     |               | 54) State:        |                 | 55) Zip:  |                   |                |  |
| Westborough  |                                    |           |                     |               | MA                |                 | 01581     |                   |                |  |
| 56) Telephone Number:  |                                    |           |                     | 57) FAX       | Ċ                 |                 |           |                   |                |  |
| (508)870-6700  |                                    |           |                     | (508)         | 898-195           | 3               |           |                   |                |  |
| 58) E-Mail Address:  |                                    |           |                     |               |                   |                 |           |                   |                |  |
| kchagnon@arch.com  |                                    |           |                     |               |                   |                 |           |                   |                |  |
|  |                                    |           |                     |               |                   |                 |           |                   |                |  |
| Name of Assignee/Transferee Contact Represe  | ntative                            | (if oth   | er tha              | ın Assigr     | ee/Transfere      | e)              |           |                   |                |  |
| 59) First Name:  |                                    |           | MI:                 | Last N        | ame:              |                 |           |                   | Suffix:        |  |
| Kathryn  |                                    |           | Α                   | Zacl          | nem               |                 |           |                   |                |  |
| 60) Company Name:  |                                    |           |                     |               |                   |                 |           |                   |                |  |
| Wilkinson Barker Knauer, LLF   | )<br>                              |           |                     |               |                   |                 |           |                   | ·              |  |
| 61) P.O. Box:  | And                                | 62)       | Street              | Address:      |                   |                 |           |                   |                |  |
| <u> </u>   | /Or 2300 N Street, N.W., Suite 700 |           |                     |               |                   |                 |           |                   |                |  |
|  |                                    |           |                     |               |                   |                 | 65) Zip:  |                   |                |  |
| <u> </u>   |                                    |           |                     |               |                   |                 | 20037-11  | .28               |                |  |
| 66) Telephone Number: 67) FAX:   |                                    |           |                     |               |                   |                 |           |                   |                |  |
| (202) 783-4141 (202) 783-5851  |                                    |           |                     |               |                   |                 |           |                   |                |  |
| 68) E-Mail Address:  |                                    |           |                     |               |                   |                 |           |                   |                |  |
| kzachem@arch.com   |                                    |           |                     |               |                   |                 |           |                   |                |  |
|  |                                    |           |                     |               |                   |                 |           |                   |                |  |
| Alien Ownership Questions  |                                    |           |                     |               |                   |                 |           |                   |                |  |
| 69) Is the Assignee or Transferee a foreign government or  | the repr                           | esentat   | ive of a            | any foreigr   | government?       |                 |           | ( N ) <u>Y</u> e  | es <u>N</u> o  |  |
| 70) Is the Assignee or Transferee an alien or the represen   | tative of                          | an alien  | ?                   | <u></u>       |                   | ·               |           | ( N ) <u>Y</u> e  | es <u>N</u> o  |  |
| 71) Is the Assignee or Transferee a corporation organized  | under th                           | e laws    | of any              | foreign go    | vernment?         |                 |           | ( N ) <u>Y</u> e  | es <u>N</u> o  |  |
| 72) Is the Assignee or Transferee a corporation of which r by aliens or their representatives or by a foreign govern                                       |                                    |           |                     |               |                   |                 |           |                   |                |  |
| under the laws of a foreign country?   |                                    |           |                     |               |                   |                 |           | ( N ) <u>Y</u> e  | es <u>N</u> o  |  |
| 73) Is the Assignee or Transferee directly or indirectly con   |                                    |           |                     |               |                   |                 |           |                   |                |  |
| the capital stock is owned of record or voted by aliens,<br>thereof, or by any corporation organized under the law   |                                    |           |                     | or by a for   | eign governmen    | t or represent  | tative    | ( N ) <u>Y</u> e: | s No           |  |
| If 'Yes', attach exhibit explaining nature and extent of a   |                                    |           |                     | nip or conti  | ol.               |                 |           | (14).00           | .5 <u>11</u> 0 |  |
|  |                                    |           |                     |               |                   |                 |           |                   |                |  |
| Basic Qualification Questions  |                                    |           |                     |               |                   |                 |           |                   |                |  |
| 74) Has the Assigned or Transfered or any party to this an   | plication                          | had an    | , ECC               | station au    | therization licer | ee or constri   | uction    |                   |                |  |
| 74) Has the Assignee or Transferee or any party to this ap<br>permit revoked or had any application for an initial, mo                                     | dification                         | or rene   | wal of              | FCC stati     | on authorization  | , license, con  | struction |                   |                |  |
| permit denied by the Commission?   |                                    |           |                     |               |                   |                 |           | ( N ) <u>Y</u> e: | s <u>N</u> o   |  |
| If 'Yes', attach exhibit explaining circumstances.   |                                    |           |                     |               | <del></del>       |                 |           |                   |                |  |
| 75) Has the Assignee or Transferee or any party to this ap<br>Transferee, or any party to this application ever been of                                    | plication                          | or any    | party o             | directly or i | indirectly contro | lling the Assig | gnee or   | ( N ) <u>Y</u> es | s No           |  |
| If 'Yes', attach exhibit explaining circumstances.   | onvicted                           | or a rec  | ony by              | any state     | or rederat court  | ſ               |           | ( IV <u>/I</u> e. | 3 <u>14</u> 0  |  |
| 76) Has any court finally adjudged the Assignee or Transfi   |                                    | nu nad    |                     | the or indir  | antly controlling | the Assigned    |           |                   |                |  |
| Transferee guilty of unlawfully monopolizing or attempt  | ing unlav                          | vfully to | mono                | polize radi   | o communication   | n, directly or  |           |                   |                |  |
| indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? |                                    |           |                     |               |                   |                 |           | ( N ) <u>Y</u> es | s No           |  |
| If 'Yes', attach exhibit explaining circumstances.   |                                    |           |                     |               |                   |                 |           | ( <u> </u>        | - 114          |  |
| 77) Is the Assignee or Transferee, or any party directly or i  | ndirectly                          | control   | ling the            | Assigned      | or Transferee     | currently a na  | irtv      |                   |                |  |
| in any pending matter referred to in the preceding two   | tems?                              | J-110 OI  | y u K               | - r waigi iot |                   | , a pa          | · ·       | ( N ) <u>Y</u> es | s <u>N</u> o   |  |
| If 'Yes', attach exhibit explaining circumstances.   |                                    |           |                     |               |                   |                 |           |                   |                |  |

#### 78) Race, Ethnicity, and Gender of Assignee/Transferee (Optional):

| Race:      | American Indian or Alaska<br>Native: | Asian:                     | Black or African-<br>American: | Native Hawaiian or Other<br>Pacific Islander: | White: |
|------------|--------------------------------------|----------------------------|--------------------------------|---|--------|
| Ethnicity: | Hispanic or Latino:                  | Not Hispanic or<br>Latino: |                                |   |        |
| Gender:    | Female:                              | Male:                      |                                |   |        |

| Ass         | ignor/Transferor Certification Statements   |              |   |                               |       |  |  |  |  |
|-------------|---|--------------|---|-------------------------------|-------|--|--|--|--|
| 1)          | The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for pro forma assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998). |              |   |                               |       |  |  |  |  |
| 2)          | The Assignor or Transferor certifies that all statements made in this appl part of this application, and are true, complete, correct, and made in good  |              | nd in the exhibits, attachments, or documents incorporate | ed by reference are material, | , are |  |  |  |  |
| 79)         | Typed or Printed Name of Party Authorized to Sign   |              |   |                               |       |  |  |  |  |
| First Name: |   | MI:          | Last Name:  | Suffix:                       |       |  |  |  |  |
| Pa          | ul  | H            | Kuzia   |                               |       |  |  |  |  |
| 80)         | Title:  |              |   |                               |       |  |  |  |  |
| Ex          | ecutive Vice President, Technolo  | оду (        | and Regulatory Affairs                                    |                               |       |  |  |  |  |
| Sign        | pature:   |              |   | 81) Date:                     |       |  |  |  |  |
|             | Tail & Eller  | DEC 1 0 1999 |   |                               |       |  |  |  |  |

#### Assignee/Transferee Certification Statements

- 1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for pro forma assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998).
- 2) The Assignee or Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.\*
  - \* If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.
- 5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.